

Case Number:	CM13-0063201		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2012
Decision Date:	03/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year-old female sustained a distal humerus fracture of the left elbow from a motor vehicle accident on 7/10/12 while employed by [REDACTED], [REDACTED]. Request under consideration include 12 visits of physical therapy for the left elbow. She underwent hardware removal with capsulectomy and ulnar nerve neurolysis on 9/20/13 and was placed in intensive physical therapy. Report of 10/1/13 from orthopedist noted patient doing well and continuing with physical therapy. Exam noted well-healed incision; distally neurovascular intact in median, ulnar, and radial distributions; elbow flexion 15-120 degrees; full pronation and supination to 90 degrees; muscles intact. X-ray showed stable elbow. Treatment plan include continue range of motion, off work for 2 more weeks, may drive. PT report of 10/21/13 noted patient completed 9 of 12 visits. The patient returned to work on Tuesday and is now without restrictions per [REDACTED] regarding lifting; she has been tolerating her stretching at home well; she would like to return to yoga. Active/passive elbow flexion on left 124-130 degrees; extension lacking 5 degrees. Assessment noted the patient had no change in flexion since last visit; soft tissue massage and therapeutic exercise were done. Plan was to continue manual techniques. PT note of 10/31/13 noted 12 of 14 PT sessions completed; pain level of 3/10; active/passive range of elbow flexion 124-135 degrees and extension active & passive lacking 5 degrees; soft tissue massage and therapeutic exercise were done. Plan was to continue with manual techniques. Request for PT for 12 sessions was modified on 12/2/13 to 4 visits to transition to a home exercise program for the left elbow citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve (12) visits of physical therapy for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines postsurgical treatment guidelines, Elbow & Upper Arm Page(s): 6-7.

Decision rationale: The Physician Reviewer's decision rationale: This 33 year-old female sustained a distal humerus fracture of the left elbow from a motor vehicle accident on 7/10/12 while employed by [REDACTED], [REDACTED]. Request under consideration include 12 visits of physical therapy for the left elbow. She underwent hardware removal with capsulectomy and ulnar nerve neurolysis on 9/20/13 and was placed in intensive physical therapy. Report of 10/1/13 from orthopedist noted patient doing well and continuing with physical therapy. Exam noted well-healed incision; distally neurovascular intact in median, ulnar, and radial distributions; elbow flexion 15-120 degrees; full pronation and supination to 90 degrees; muscles intact. X-ray showed stable elbow. Treatment plan include continue range of motion, off work for 2 more weeks, may drive. PT report of 10/21/13 noted patient completed 9 of 12 visits. The patient returned to work on Tuesday and is now without restrictions per [REDACTED] regarding lifting; she has been tolerating her stretching at home well; she would like to return to yoga. Request for additional PT for 12 sessions was modified on 12/2/13 to 4 visits to transition to a home exercise program Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received at least 14 PT visits, exceeding the recommended post-surgical quantity and physical medicine treatment duration post 6 months from surgery above. The patient has made good progress and has been returned to work without restrictions per PT note of 10/21/13 and tolerating her home exercise program well. The additional modified 4 visits should solidify her home program instructions in stretching and strengthening techniques already accomplished in formal PT. There is no report of acute flare-up or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The 12 visits of physical therapy for the left elbow are not medically necessary and appropriate.